

Confidence Testing Company

LOGO and Info goes here

Address

Phone

Here

Seattle Fire Department

Confidence Test Report (use one form per sys.)

206-386-1448 Confidence Testing Officer

206-615-1068 (fax)

206-233-7219 Red Tag Hotline

STAIRWAY DOOR LOCKS

(High Rise Buildings)

Status Given

CONFIDENCE TEST | REACCEPTANCE TEST | RED | YELLOW | WHITE

Occupancy Address: _____	Occupancy Name: _____
Responsible Person First & Last Name: _____	Phone Number: _____
Responsible Person Address, City, State, Zip: _____	Responsible Party E-Mail Address: _____

Technician's Name _____ SFD Certification No. SCP- _____
(Please Print legibly)

Date of Test: _____ Test Frequency: **Annual**

All Stairway Automatic Locks in the Building

Lock Manufacturer: _____ Lock Type: _____
SFD ID No. _____ (Call 386-1448 for this No.)

DEFICIENCIES FOUND? Yes No List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet

REPAIRS: All deficiencies have been corrected

Corrected By: _____ SFD Certification Number: SCP – _____

System Status changed to White (including the tag on the system)

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current Seattle Fire Code (SFC), Administrative Rules, and NFPA Standards adopted by the SFC for this system. The discrepancies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician _____	Phone # _____
Name of Testing Company _____	
Building Representative (signature) _____	Date _____
Print Name and Title _____	Direct Phone # _____

Building Rep unavailable Building Rep declined to sign report

**THIS REPORT WILL BE SENT TO THE SEATTLE FIRE DEPARTMENT BY THE TESTING AGENCY IN ACCORDANCE WITH ADMINISTRATIVE RULE 9.02.09
ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements.

PRE-TEST CHECKS		
1. The Fire Alarm was put into test mode and/or other precautions were taken to avoid preventable alarms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Number of Stories _____ Number of Stairways _____		

FUNCTIONAL TESTS		
3. All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. The door(s) to the roof unlocks upon activation of the fire alarm system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. There is an access key at the control panel for doors that fail to unlock.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All of the doors open, close, and latch properly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FINAL CHECKS		
8. The Fire Alarm was removed from test mode and/or other precautionary measures were removed to restore fire alarm system to normal operation (includes removal of protective coverings).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. The confidence test report was given to the owner and a current status tag was posted.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SYSTEM DEVICES	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
10. Electric Strike	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Electronic Bolt	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Other Locking Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DEFICIENCIES:

1.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference: _____

2.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference:

3.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference:

4.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference:

5.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference:

6.

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference: